

# OEIS National Registry PAD Data Collection

Patient Label  
(MRN/DOB/Sex/Date of Procedure)

## Demographics

**Race:**  African American  Asian  White  Other \_\_\_\_\_  
 **Hispanic** →  Mexican  Puerto Rican  Cuban  Central American  South American  
**Insurance:** Primary: \_\_\_\_\_ | Clinical Trial (if any): \_\_\_\_\_ | **Hospice:**  No  Yes  
**\*Advanced Directive/POA:**  Yes  No →  Patient Reason  Unable to Provide

## Clinical Status

**Height:** \_\_\_\_\_ in/cm (circle one) | **Weight:** \_\_\_\_\_ lb/kg (circle one)

### Medical History

**History of Cardiac Disease** →  CAD  MI  CHF →  EF<40  EF>40  
 **History of Cerebrovascular Disease** →  TIA  CVA  Carotid Artery Disease →  Carotid Endarterectomy  Carotid Stenting  
 **HTN** →  Controlled (BP <140/90)  Uncontrolled  
 **CKD** → Classification (I-V): \_\_\_\_\_ →  Dialysis →  Hemodialysis  Peritoneal Dialysis  None  
 **Diabetes** →  Type 1  Type 2 |  **Hypercholesterolemia** |  **COPD** |  **Bleeding or Clotting Disorder**

### Lower Extremity Ischemia

**Gangrene/Ischemic Ulcer (target limb)** |  **Hx of LE Bypass or Percutaneous Intervention**

**Hx of Amputation** →  R  L  Bilat |  Major (AKA/BKA)  Minor (foot/toe)

**\*Tobacco Use** →  Never  Former  Current → **\*Was the patient counseled on Tobacco cessation?** →  Yes  No

### Immunizations

**\*Flu Vaccine within for current flu season:**  Yes → \_\_\_\_\_ (date)  No → Reason:  Patient  Medical  System

**\*Pneumonia Vaccine (if 65 y/o):**  Yes → \_\_\_\_\_ (date)  No → Reason:  Patient  Medical  System

### Medications on Presentation

**\*Physician attests to documenting, updating or reviewing a patient's current medications\*\*See Terms and Definitions**

**Antiplatelet Therapy:**  Yes \_\_\_\_\_  No →  Never Prescribed  Non-Compliance  Contraindication  Side Effect

**Lipid Lowering Meds:**  Yes Statin(s) \_\_\_\_\_ Non-Statins \_\_\_\_\_  
 No →  Not Prescribed  Non-Compliance  Contraindication  Side Effect  Preference

**Anticoagulation:**  Yes \_\_\_\_\_  No | **Beta Blocker(s):**  Yes \_\_\_\_\_  No

**ACE/ARB Meds:**  Yes \_\_\_\_\_  No | **CLI/Claudication Meds:**  Yes: \_\_\_\_\_  No

## Pre Procedure

**ASA Class (1-5):** \_\_\_\_\_

**\*Rutherford Class (1-6):** \_\_\_\_\_ (1-6) |  R  L |  Acute  Chronic | Date: \_\_\_\_\_

**WIFI Score** (if Rutherford 5): Wound (0-3): \_\_\_\_\_ Ischemia (0-3): \_\_\_\_\_ foot Infection (0-3): \_\_\_\_\_

**\*Procedure Indication:**  Claudication  Acute Limb Ischemia  Minor Tissue Loss  Major Tissue Loss  
 Critical Limb Ischemia  Maintenance of Patency  Distal Embolization  Other \_\_\_\_\_

**\*Walking Program:**  Yes →  Structured  Unstructured |  No →  Physically unable  Unwilling

**\*Non-Invasive Tests:**  ABI: R \_\_\_\_\_ or  Non-Compressible | L \_\_\_\_\_ or  Non-Compressible

TBI: R \_\_\_\_\_ | L \_\_\_\_\_  Duplex Ultrasound  CT Angiogram  Prior Angiography  MRA

### Labs

**Creatinine** \_\_\_\_\_ mg/dL  
**eGFR** \_\_\_\_\_ ml/min/1.73m<sup>2</sup>  
**Hgb** \_\_\_\_\_ g/dL

**Hematocrit** \_\_\_\_\_ %  
**Platelet** \_\_\_\_\_ 10<sup>9</sup>/L  
**Cholesterol** \_\_\_\_\_ mg/dL  
**HDL** \_\_\_\_\_ mg/dL

**LDL** \_\_\_\_\_ mg/dL  
**Triglycerides** \_\_\_\_\_ m g/dL  
**INR** \_\_\_\_\_

## Procedure

**Performing Physician:** \_\_\_\_\_ | **Procedure Location** →  Office  ASC  Hospital (Inpatient)  Hospital (Outpatient)

**Procedure Type** →  Interventional  Planned Diagnostic

Procedure performed as part of Research Trial → Trial Name \_\_\_\_\_ Trial Type:  Device  Pharmaceutical

**Sedation** →  Minimal Sedation  Moderate (conscious) Sedation  Deep Sedation  General Anesthesia  None

\* indicates fields required for Quality Measures. This form is not comprehensive for data collection. v.6 rev. 1/2019

## Access

**Access Type** →  Arterial  Venous  Dialysis

**Access Vessel:** \_\_\_\_\_ →  L  R | **Approach** →  Ipsilateral  Contralateral  N/A

**Direction** →  Anterograde  Retrograde

**Guidance** →  Palpation  Fluoroscopy  Ultrasound  Micropuncture  Other

**Closure Device Used:** \_\_\_\_\_ or  None | **Closure Device Successful?**  Yes  No → Device Malfunction?  Yes  No

Lesion #1	Lesion #2	Lesion #3
<p><b>Lesion Site:</b> _____ <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal</p> <p><input type="checkbox"/> De novo <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent</p> <p><b>Calcification:</b> <input type="checkbox"/> Focal <input type="checkbox"/> Mild <input type="checkbox"/> Mod  <input type="checkbox"/> Severe <input type="checkbox"/> None</p> <p><input type="checkbox"/> IVUS used   <input type="checkbox"/> Thrombus</p> <p><b>Patent BTK Vessels Prior to Tx</b> →  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><b>Lesion Length:</b> _____ mm</p> <p><b>% Stenosis</b> → <input type="checkbox"/> &lt;50% <input type="checkbox"/> &gt;50% <input type="checkbox"/> Occluded</p> <p>PSV w/in lesion: _____ (cm/s)</p> <p>PSV proximal: _____ (cm/s)</p> <p><b>Intervention</b></p> <p><b>Lesion Crossed Successfully?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Intended for lesion prep? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Re-entry Device Used: _____</p> <p><input type="checkbox"/> Intentional subintimal strategy used</p> <p><input type="checkbox"/> CTO Crossing Device Used: _____</p> <p><i>Attach any stickers here or write in devices used: (atherectomy/balloon/stent)</i></p>	<p><b>Lesion Site:</b> _____ <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal</p> <p><input type="checkbox"/> De novo <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent</p> <p><b>Calcification:</b> <input type="checkbox"/> Focal <input type="checkbox"/> Mild <input type="checkbox"/> Mod  <input type="checkbox"/> Severe <input type="checkbox"/> None</p> <p><input type="checkbox"/> IVUS used   <input type="checkbox"/> Thrombus</p> <p><b>Patent BTK Vessels Prior to Tx</b> →  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><b>Lesion Length:</b> _____ mm</p> <p><b>% Stenosis</b> → <input type="checkbox"/> &lt;50% <input type="checkbox"/> &gt;50% <input type="checkbox"/> Occluded</p> <p>PSV w/in lesion: _____ (cm/s)</p> <p>PSV proximal: _____ (cm/s)</p> <p><b>Intervention</b></p> <p><b>Lesion Crossed Successfully?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Intended for lesion prep? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Re-entry Device Used: _____</p> <p><input type="checkbox"/> Intentional subintimal strategy used</p> <p><input type="checkbox"/> CTO Crossing Device Used: _____</p> <p><i>Attach any stickers here or write in devices used: (atherectomy/balloon/stent)</i></p>	<p><b>Lesion Site:</b> _____ <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal</p> <p><input type="checkbox"/> De novo <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent</p> <p><b>Calcification:</b> <input type="checkbox"/> Focal <input type="checkbox"/> Mild <input type="checkbox"/> Mod  <input type="checkbox"/> Severe <input type="checkbox"/> None</p> <p><input type="checkbox"/> IVUS used   <input type="checkbox"/> Thrombus</p> <p><b>Patent BTK Vessels Prior to Tx</b> →  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><b>Lesion Length:</b> _____ mm</p> <p><b>% Stenosis</b> → <input type="checkbox"/> &lt;50% <input type="checkbox"/> &gt;50% <input type="checkbox"/> Occluded</p> <p>PSV w/in lesion: _____ (cm/s)</p> <p>PSV proximal: _____ (cm/s)</p> <p><b>Intervention</b></p> <p><b>Lesion Crossed Successfully?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Intended for lesion prep? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Re-entry Device Used: _____</p> <p><input type="checkbox"/> Intentional subintimal strategy used</p> <p><input type="checkbox"/> CTO Crossing Device Used: _____</p> <p><i>Attach any stickers here or write in devices used: (atherectomy/balloon/stent)</i></p>
<p><b>% Stenosis POST:</b> <input type="checkbox"/> &lt;50% <input type="checkbox"/> &gt;50% <input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Embolic Protection Device used</p> <p><input type="checkbox"/> Thrombolysis: _____</p> <p><input type="checkbox"/> Thrombectomy: _____</p> <p><b>Treatment Aborted?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Acute Technical Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>% Stenosis POST:</b> <input type="checkbox"/> &lt;50% <input type="checkbox"/> &gt;50% <input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Embolic Protection Device used</p> <p><input type="checkbox"/> Thrombolysis: _____</p> <p><input type="checkbox"/> Thrombectomy: _____</p> <p><b>Treatment Aborted?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Acute Technical Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>% Stenosis POST:</b> <input type="checkbox"/> &lt;50% <input type="checkbox"/> &gt;50% <input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Embolic Protection Device used</p> <p><input type="checkbox"/> Thrombolysis: _____</p> <p><input type="checkbox"/> Thrombectomy: _____</p> <p><b>Treatment Aborted?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Acute Technical Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Sheath Size:** \_\_\_\_\_ Fr

**Amount of Contrast Used:** \_\_\_\_\_ mL |  CO<sub>2</sub> Used

**Est. Blood Loss:** \_\_\_\_\_ mL | **Flouro Time:** \_\_\_\_\_ min

**\*Cumulative Air Kerma:** \_\_\_\_\_ mGy | **\*Dose Area Product:** \_\_\_\_\_ mGy\*cm<sup>2</sup>

**Procedure Start time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Time Pt left room:** \_\_\_\_\_

### Procedure Conclusion

**Procedure Success?**  Yes  No: \_\_\_\_\_ (explain)

**Any changes to medications?** \_\_\_\_\_

**\*Any procedural complications/AEs:** \_\_\_\_\_

**\*Discharge Disposition:**  Home  Hospital Transfer → **\*Transfer Type?**  Elective  Urgent  Emergent

